PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

=	RPORATI) Se	ecretary	TMENT OF ST y of State orporations	ATE	09 FI	EB 10 AMIO: 5	56		
DOCUMENT # H96642 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
POMPANO BEACH IMPORTS, INC.												
•	eal Office Addres		P.O. Box #	1	3. Mailing Office Address 325 N. ROUTE 73				CR2E081 (12/08)			
Suite, Apt. #, etc. SUITE B				Suite, Apt. #, et	Suite, Apt. #, etc. SUITE B				4. Date incorporated or Qualified To Do Business in Florida 01/27/86			
City & State MARLTON, NJ				City & State MARLTON	City & State MARLTON, NJ			5. FEI Number				
Zip 08053		Country	у	Zip 08053		Country		6				
7. Name and Address of Current Registered Agent								į.				
Name RICHARD N. KULL								The reinstatement fee is imposed, except in				
Street Address (P.O. Box Number is Not Acceptable) 2990 NE 24th STREET								circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt. #, Etc.							receive	ed and requesting				
City POMPANO BEACH State 33062								fee be waived.				
8. I, being Signature o Registered	of /	register	red agent of the abo	oligations of section	Date	F.S.						
9. Names	s and Street Ar	ddresses	of Each Officer an	d/or Director (Flor	rida nonpro	ofit corporations must	t list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors			,			Street Address of Each Officer and/or Director		City / State / Zip			
Р	Richard N. Kull				2990 N. E. 24th Street				Pompano Beach, FL 33064			
v	Edward I. Burns				670 N.E. Golden Harbor Dr			ve	Boca Raton, FL 33432			
T/S	Lawrence W. Kull				3 Gilbert Lane				Ocean City, NJ 08226			
								02/10/	69-51642-61	2 ***	758.75	
	R	EI	NSTA	TEM	EN	T						
				7		61		•				
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name splisties the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form to not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.												
SIGNA	TURE:	MATUR	E AND TYPED OR PR	RINTED NAME OF S	MING OF	FICER OF DIRECTOR		0	4/4/09 83 bete/	Daytime Pho	5-0100 one#	

Law Offices

GRUCCIÓ, PEPPER, De SANTO & RUTH, P.A.

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> Fax: 856 692-4095 **856 691-3302**

Walter F. Gavigan William G. Blaney James J. Gruccio, Jr. A. Steven Fabietti Michael J. Donohue Frank Guaracini, III

◆Certified By The Supreme Court of New Jersey as Civil Trial Attorney

February 5, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

By Certified Mail -Return Receipt Requested #7007-1490-0003-3438-5239

Re:

Pompano Beach Imports, Inc.

Document Number: H96642

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement Form for the above-identified corporation along with our client's check #1392 in the amount of \$758.75. The revocation of their corporate charter came as a surprise to them. They indicate that they have never received any notices from the State of Florida with regards to their outstanding annual reports. Thus, they have not included the \$600 Reinstatement Fee in their check amount.

Please contact our office with any questions or concerns. Thank you.

Very truly yours

Corporate Department

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